

## INCOME TAX RETURN CHECKLIST

Please enter your details and update **YES** or **NO** where indicated.

First Name/s	
Surname	
Tax File Number (TFN)	If not known by CDA:
Date of birth	
ABN (if applicable)	
Address, postal	Postcode:
Mobile / Telephone	
Email	
Electronic banking Details (for refund if applicable)	Account Name: BSB: Account Number:
Occupation	Do you run your own business as a sole trade? YES / NO Is your business in a company, trust or partnership? YES / NO
Spouse	Full name: Date of Birth:
Tax Year ending 30 June	20 _ _

I am aware that I am to keep all supporting documentation for information provided in this Checklist (and in my Income Tax Return/s) a minimum period of five (5) years so it can be provided to the *Australian Taxation Office (ATO)* if requested.

Signed

Dated

	YES / NO
<b>INCOME</b> If Yes, attach <u>documentation</u>	
Salary or wages	<input type="checkbox"/> <input type="checkbox"/>
Allowances, earnings, tips, director's fees etc	<input type="checkbox"/> <input type="checkbox"/>
Employer payments	<input type="checkbox"/> <input type="checkbox"/>
Australian Government pensions or allowances, for example Newstart	<input type="checkbox"/> <input type="checkbox"/>
Australian annuities and superannuation income	<input type="checkbox"/> <input type="checkbox"/>
Bank interest. If yes \$ _____	<input type="checkbox"/> <input type="checkbox"/>
Dividends	<input type="checkbox"/> <input type="checkbox"/>
Capital gains	<input type="checkbox"/> <input type="checkbox"/>
Foreign income, assets or property	<input type="checkbox"/> <input type="checkbox"/>
Trust or company distribution	<input type="checkbox"/> <input type="checkbox"/>
Other income (please specify) _____	<input type="checkbox"/> <input type="checkbox"/>
<b>DEDUCTIONS</b>	<b>YES / NO</b>
D9. Gifts or donations. If yes \$ _____	<input type="checkbox"/> <input type="checkbox"/>
Tax preparation fee from previous financial year (if not CDA). If yes \$ _____	<input type="checkbox"/> <input type="checkbox"/>
Travel to tax agent. If yes \$ _____ and/or _____ km	<input type="checkbox"/> <input type="checkbox"/>
<b>D1. Work related car expenses</b>	<input type="checkbox"/> <input type="checkbox"/>
Did you use your own vehicle for work? If yes, please provide logbook details: <ul style="list-style-type: none"> <li>- Make, model, registration number: _____</li> <li>- Work related usage _____ %</li> <li>- Fuel \$ _____</li> <li>- Registration and insurance \$ _____</li> <li>- Repairs and maintenance \$ _____</li> <li>- Loan interest / lease payments (NOT loan repayments) \$ _____</li> <li>- Other (please specify) _____ \$ _____</li> </ul>	<input type="checkbox"/> <input type="checkbox"/>
<b>OR:</b> <ul style="list-style-type: none"> <li>- How many kilometres were work related? _____ km's</li> </ul>	
<b>D2. Work related travel expenses</b>	<input type="checkbox"/> <input type="checkbox"/>
Did you have to travel away from home overnight for work? If yes: <ul style="list-style-type: none"> <li>- Did you receive an "overnight" allowance from your employer? \$ _____               <ul style="list-style-type: none"> <li>• Was this amount taxed? YES / NO</li> </ul> </li> <li>- Number of nights away _____ nights</li> <li>- Total "out of pocket" expenses you incurred \$ _____</li> </ul>	<input type="checkbox"/> <input type="checkbox"/>
<b>D3. Work related uniform and other clothing expenses</b>	<input type="checkbox"/> <input type="checkbox"/>
Do you require protective clothing for work? If yes: <ul style="list-style-type: none"> <li>- Boots \$ _____</li> <li>- High visibility clothing \$ _____</li> <li>- PPE \$ _____</li> <li>- Other (please specify) _____ \$ _____</li> </ul>	<input type="checkbox"/> <input type="checkbox"/>

	YES / NO
Do you have clothing expenses? If yes: <ul style="list-style-type: none"> <li>- Dry cleaning \$ _____</li> <li>- Mending / repairs \$ _____</li> <li>- Laundry (uniforms with logo) \$ _____</li> <li>- Other (please specify) _____ \$ _____</li> </ul>	<input type="checkbox"/> <input type="checkbox"/>
<b>D4. Work related self-education expenses</b>	<input type="checkbox"/> <input type="checkbox"/>
Are you studying for any diplomas or degrees for work? If yes: <ul style="list-style-type: none"> <li>- Course name and institution _____</li> <li>- Course fees \$ _____</li> <li>- Books / stationary \$ _____</li> <li>- Travel \$ _____</li> <li>- Other (please specify) _____ \$ _____</li> </ul>	<input type="checkbox"/> <input type="checkbox"/>
<b>D5. Other work-related expenses</b>	<input type="checkbox"/> <input type="checkbox"/>
Do you require sun protection products for work? If yes: <ul style="list-style-type: none"> <li>- Sunscreen \$ _____</li> <li>- Sunglasses \$ _____</li> <li>- Hats \$ _____</li> <li>- Other (please specify) _____ \$ _____</li> </ul>	<input type="checkbox"/> <input type="checkbox"/>
Do you use any of the following for work? If yes: <ul style="list-style-type: none"> <li>- Phone \$ _____ percentage of business use _____ %</li> <li>- Mobile Phone \$ _____ percentage of business use _____ %</li> <li>- Internet \$ _____ percentage of business use _____ %</li> <li>- Home office usage _____ hours per week</li> <li>- Other (please specify) _____ \$ _____</li> </ul>	<input type="checkbox"/> <input type="checkbox"/>
Have you purchased any of the following for work? If yes: <ul style="list-style-type: none"> <li>- Books / journals \$ _____</li> <li>- Computer / _____ Date of purchase: _____ \$ _____</li> <li>- Stationary, printing, postage \$ _____</li> <li>- Courses, seminars (i.e. First aid) \$ _____</li> <li>- Subscriptions \$ _____</li> <li>- Tools and equipment (individual items \$300 or less) \$ _____</li> <li>- Tools and equipment \$301 or more. Please provide details:               <ul style="list-style-type: none"> <li>Item: _____ Date of purchase: _____ \$ _____</li> <li>Item: _____ Date of purchase: _____ \$ _____</li> </ul> </li> <li>- Union fees \$ _____</li> <li>- Other (please specify) _____ \$ _____</li> </ul>	<input type="checkbox"/> <input type="checkbox"/>
Do you receive an overtime meal allowance from your employer? If yes: <ul style="list-style-type: none"> <li>- How much per meal \$ _____</li> <li>- Number paid _____</li> <li>- How much (on average) did YOU spend per meal? \$ _____</li> </ul>	<input type="checkbox"/> <input type="checkbox"/>
<b>D15. Do you have income protection? If yes \$ _____</b>	<input type="checkbox"/> <input type="checkbox"/>
<b>D15. Other types of deductions (please specify)</b> _____ \$ _____ _____ \$ _____ _____ \$ _____	<input type="checkbox"/> <input type="checkbox"/>

	<b>YES / NO</b>
<b>TAX OFFSETS / REBATES</b>	
T2. Are you a senior Australian or pensioner?	<input type="checkbox"/> <input type="checkbox"/>
T10. Other refundable or non-refundable tax offsets (please specify) _____	<input type="checkbox"/> <input type="checkbox"/>
<b>OTHER INFORMATION</b>	<b>YES / NO</b>
<b>Medicare levy and Medicare levy surcharge</b>	
M1. Are you entitled to the Medicare levy exemption or reduction? (Please specify) _____	<input type="checkbox"/> <input type="checkbox"/>
M2. For the entire year were you and all your dependants (including your spouse) covered by the appropriate private health insurance hospital cover?	<input type="checkbox"/> <input type="checkbox"/>
<b>Private health insurance policy details</b>	
Do you a private health insurance policy? If yes, please provide: - Health fund tax statement - Is this a joint policy? <b>Y / N</b>	<input type="checkbox"/> <input type="checkbox"/>
<b>Spouse details – married or de facto (including same sex)</b>	
1. Did you have a spouse for the full year (1 July to 30 June)? If yes, spouse's taxable income? \$ _____	<input type="checkbox"/> <input type="checkbox"/>
<b>Other</b>	
IT7. Did you pay child support? If yes \$ _____	<input type="checkbox"/> <input type="checkbox"/>
IT8. Do you have dependent children? If yes, how many? _____	<input type="checkbox"/> <input type="checkbox"/>
Do you have a HECS/HELP liability or a student financial supplement loan debt?	<input type="checkbox"/> <input type="checkbox"/>

<b>RENTAL PROPERTY</b> If Yes, attach <u>documentation</u>	<b>YES / NO</b>
IT6. Did you own a Rental property? If yes, please provide the following:	<input type="checkbox"/> <input type="checkbox"/>
- Income / rental property statement	<input type="checkbox"/> <input type="checkbox"/>
- Depreciation schedule	<input type="checkbox"/> <input type="checkbox"/>
- Details of all expenses, including: <div> <div>Rates</div> <div>Water rates</div> <div>Insurance</div> <div>Investment loan interest</div> <div>Repairs / maintenance</div> <div>Improvements</div> <div>Pest control</div> <div>Body corporate fees</div> <div>Other (please specify) _____</div> </div> <div> <div>\$ _____</div> <div>\$ _____</div> <div>\$ _____</div> <div>\$ _____</div> <div>\$ _____</div> <div>\$ _____</div> <div>\$ _____</div> <div>\$ _____</div> <div>\$ _____</div> </div>	<input type="checkbox"/> <input type="checkbox"/>

ABN / SOLE TRADER BUSINESS INCOME	YES / NO
Did you receive any income from ABN work? If yes \$ _____	<input type="checkbox"/> <input type="checkbox"/>
Are you GST registered?	<input type="checkbox"/> <input type="checkbox"/>
Do these figures include GST?	<input type="checkbox"/> <input type="checkbox"/>
Did you incur any expenses during your ABN work? If yes, please provide details: <ul style="list-style-type: none"> <li>- Accounting \$ _____</li> <li>- Advertising and promotion \$ _____</li> <li>- Bad debts \$ _____</li> <li>- Bank fees and charges \$ _____</li> <li>- Cleaning and rubbish removal \$ _____</li> <li>- Contract payments \$ _____</li> <li>- Donations \$ _____</li> <li>- Electricity \$ _____</li> <li>- Insurance \$ _____</li> <li>- Maintenance and supplies \$ _____</li> <li>- Postage, printing and stationery \$ _____</li> <li>- Protective clothing \$ _____</li> <li>- Rent \$ _____</li> <li>- Telephone \$ _____</li> <li>- Travel and accommodation \$ _____</li> <li>- Other. Please specify: _____ \$ _____</li> </ul>	<input type="checkbox"/> <input type="checkbox"/>
Did you incur any vehicle expenses during your ABN work? If yes, what percentage of your vehicle use is work related? _____ % Details of expenses: <ul style="list-style-type: none"> <li>- Make, model, registration number: _____</li> <li>- Fuel and oil \$ _____</li> <li>- Registration and insurance \$ _____</li> <li>- Repairs and maintenance \$ _____</li> <li>- Other. Please specify: _____ \$ _____</li> </ul>	<input type="checkbox"/> <input type="checkbox"/>
Do you have a vehicle log book? Log book to be recorded for a 12-week period, can be used for up to five (5) financial years	<input type="checkbox"/> <input type="checkbox"/>
Did you purchase any business assets? If yes, please provide details: <ul style="list-style-type: none"> <li>- Item _____                Price \$ _____                Date of purchase _____</li> <li>- Item _____                Price \$ _____                Date of purchase _____</li> </ul>	<input type="checkbox"/> <input type="checkbox"/>